K030833

APR 1 0 2003

page 1 of 2

IX. 510 (k) Summary

SUBMITTER:	DePuy AcroMed™, Inc. 325 Paramount Drive Raynham, MA 02780
CONTACT PERSON:	Karen F. Jurczak
DATE PREPARED:	March 13, 2003
CLASSIFICATION NAME:	Implant, Fixation Device Spinal Intervertebral Body Fixation Orthosis Device
PROPRIETARY NAME:	DePuy AcroMed VBR System
PREDICATE DEVICES:	Stackable Cage System (K990148, K001340) Surgical Titanium Mesh System (K003043, K020522, K023835, K034209)
INTENDED USE:	The DePuy AcroMed VBR System is indicated for use in the thoracolumbar spine (i.e., T1 to L5) to replace a diseased vertebral body resected or excised for the treatment of tumors, to achieve anterior decompression of the spinal cord and neural tissues, and to restore the height of a collapsed vertebral body. The DePuy AcroMed VBR System is also indicated for treating fractures of the thoracic and lumbar spine. The DePuy AcroMed VBR System is designed to restore the biomechanical integrity of the anterior, middle and posterior spinal column even in the absence of fusion for a prolonged period. The DePuy AcroMed VBR System is intended for use with supplemental internal fixation. The supplemental internal fixation systems that may be used with the VBR System include DePuy AcroMed titanium plate or rod systems (i.e., Kaneda SR, University Plate, M-2, ISOLA, VSP, Moss Miami, TiMX, Monarch, and Profile).
MATERIALS:	Carbon-fiber reinforced polymer
DESCRIPTION:	The additional size cages are identical to the previously cleared stackable cages with regards to indications for use, function and material. The design of the cage is slightly different; the footprint of the device has been slightly modified.

K030833
page 2 of 2

VIII. Summary of Design Control Activities

A Design Risk Analysis was used to assess risk for the additional sizes. This risk analysis was performed in accordance with DePuy AcroMed Design Control and Quality procedures using static testing. The results of this analysis are on file at DePuy AcroMed, Inc.

Modification	Risk Associated with Change	How Risk is Addressed	Acceptance Criteria
Addition of Sizes	New sizes will not have the same mechanical characteristics as the predicate sizes.	By design, these parts are thicker in cross section than the existing devices and are therefore not worst case for the system. The worst case testing for the system has been provided in Test Report ACRO-0400-01.	The proposed device will perform the same as or better than the device previously cleared in K990148 and K001340.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

APR 1 0 2003

Mr. Frank Maas
Director, Regulatory Affairs
DePuy AcroMed
325 Paramount Drive
Raynham, Massachusetts 02767-0350

Re: K030833
Trade/Device Name: DePuy AcroMed VBR System
Regulation Numbers: 21 CFR 888.3060
Regulation Names: Spinal intervertebral body fixation orthosis
Regulatory Class: II
Product Codes: MQP
Dated: March 14, 2003
Received: March 17, 2003

Dear Mr. Maas:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4659. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

for Mark N Milhoan

Celia M. Witten, Ph.D., M.D.
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

III. Indications for Use

510(k) Number (if known): K030833

Device Name: DePuy AcroMed VBR System

Indications For Use:

The DePuy AcroMed VBR System is indicated for use in the thoracolumbar spine (i.e., T1 to L5) to replace a diseased vertebral body resected or excised for the treatment of tumors, to achieve anterior decompression of the spinal cord and neural tissues, and to restore the height of a collapsed vertebral body.

The DePuy AcroMed VBR System is also indicated for treating fractures of the thoracic and lumbar spine.

The DePuy AcroMed VBR System is designed to restore the biomechanical integrity of the anterior, middle and posterior spinal column even in the absence of fusion for a prolonged period.

The DePuy AcroMed VBR System is intended for use with supplemental internal fixation. The supplemental internal fixation systems that may be used with the VBR System include DePuy AcroMed titanium plate or rod systems (i.e., Kaneda SR, University Plate, M-2, ISOLA, VSP, Moss Miami, TiMX, Monarch, and Profile).

(Please do not write below this line - continue on another page if needed)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use: _____ OR Over-The-Counter Use: _____
(Per 21 CFR 801.109)

for Mark N Milhous

(Division Sign-Off)
Division of General, Restorative
and Neurological Devices

510(k) Number K030833